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"Light, More Light." —*Goethe.*

DR. E. NOBLE, LATE OF MYLAPUR, INDIA.

IN a paper read more than a year ago by Professor Loeb before the Chicago University, he said he had discovered that "the energy of food stuffs, and the movements of the heart are not due to the production of heat but to the chemical energy in electrically charged molecules." Now, to progressive workers along these lines, that is *not* a new discovery.

As long ago as '76, scientific Americans were publishing facts which demonstrated that molecular forces are not beyond human conception. The microscope and the spectroscope have changed all that, and the form and constitution of atoms and how they work with either forces to produce heat, electricity and every form of chemical affinity and energy is no longer a mystery.

Dr. Albert Atkins rightly says "the atomic theory has not been destroyed and that the discovery of 'ions' is the only advance which has ever been made by science to prove the atomic theory to be absolutely true." To my mind, the fact that atoms exist, still further proves the necessity of a still finer force, or vibration, or energy, or spirit—call it by any name you will. The Hindu's call it "Tatwas," meaning that which exists, though invisible; the fact remains that without a supreme energy back of it all, neither polarization, or vibration of atoms would be possible. India has been called the Cradle of Civilization, and it is a step in the right direction that a Harvard professor has lately gone to that country to study.

The high caste Hindus are highly cultured and seem to have the knowledge of all the ages locked up in their ancient literature. All they need is the practical application of modern methods.

A high Court Vakil of Madura, India,

lately wrote me: "Tell the great American people, we have religion here as a rank and luxurant growth. We want them to send our country men for the religion of science. Their Drapers, their Bells, their Edisons will be our true saviors in the coming struggle for existence, due to the materialistic conditions which have invaded India." The modern Hindu is progressive and intensely interested in the progress of other nations, and especially in discoveries along the newer lines of therapeutics. I have spent some time in India recently as an unworthy substitute for a great scientist to demonstrate the therapeutic value of actinic rays in their relation to diseases peculiar to the tropics. I may say the results were all that could be desired on every disease experimented upon, excepting leprosy and elephantiasis. I found native doctors, men of large mental grasp and small prejudice, thoroughly *Eclectic* in their desire to add to their knowledge, intensely interested in electro-therapeutics, high frequency currents, X-rays and every form of actinic light, also the newer drugs and more modern methods of prescribing them.

Wireless telegraphy interests them, but from earliest ages the scientific among them have understood and practiced mental telegraphy. It is well known that during the Indian Mutiny they obtained important items of knowledge, often days and weeks in advance of the English. They are also intensely interested in the possibilities of solar energy—and why not? They believe, what some day we will awaken to, that the sun is the only real source of electrical energy of light and life itself. They consider the earth its negative pole, and teach that when the sun's rays strike the earth they set up a chemical affinity, or vibration which gives the life-giving principle which supplies electricity to the air we breathe; and they say, "he who only half breathes only half lives."

It was no news to them that modern inventions have proved that because the heat of the sun is so intense all its metals and other substances become incandescent on its surface and are thrown off in the form of luminous vapor, thus chargeing the atmosphere with elementary metals, many of which they have a name for.

They know, too, that because of the solar and terrestrial chemical affinity nearly every known substance of the earth is founed floating in a rarefied form in the atmosphere, and there forms chemical affinity with solar or electric energy.

The Hindus are supposed to worship the sun, but they are merely recognizing it as a manifestation of a still greater energy, and their posturing, prostrations and laying their heads to the ground is merely a part of an old religious law made by their old lawgiver Manu to ensure deep breathing and exercise in the sun-charged air of the early morning.

I supposed that to be able to separate the colors of sunlight and classify the different qualities on sunlight or electric arc light and separate them into thermal, luminous and actinic, or electrical qualities was a modern discovery,

but I found their ancient literature proved that from earliest ages the Hindus have understood the great *electrical energy* bound up in the sun.

In manuscripts, scratched with thorns upon palm leaves, thousands of years ago, the sun is given a thousand names, each name suggesting a wealth of power. He is described as a chariot of fire, with three wheels; symbols of the thermal luminous and electrical forces—as being drawn by seven horses—each of a different color, symbolic of the solar spectrum.

Although the inventions and discoveries of modern date are stupendous in their magnitude, and profound in their depth, too little is yet known of the finer forces of Nature and how every one of Nature's forces can be utilized when we discover the laws that govern them.

"Light — more light!" — broader thought and less *prejudice* is what the whole world needs, because we have crossed the threshold of a new century and must take part in a new era of progress such as the world has never known. The dominion already gained by scientific men over Nature's forces suggests that his possibilities are unlimited.

Who, one hundred years ago, could have even dreamed of the marvelous inventions of today except the greatest poets, and yet how few of us remember that it was by the merest accident the electric arc light was discovered. Now its uses are manifold, and it is a long reach from the old electric static battery to Tesla's high frequency current which, in the intensity of its atomic vibration creates the actinic or purple ray in a vacuum glass tube, which has become of such infinite value in revitalizing the exhausted nerve force of the human system. Light, either sun light or arc light, will yet prove itself of inexhaustible value in therapeutics. Poets have often advised the ambitious to harness their chariot to a star. To day we have the solar motor and many inventions of finer structure with which we can harness and utilize the vast energy of the sun's rays. Science has taught that upon every four square feet of all the arid regions of the earth there falls a sufficient force of solar energy to produce a one horse power if it could only be utilized. Western inventions have proved the vast possibilities stored up in light and electricity, and by their aid the problem of irrigating arid lands will be solved, and races that now worship the sun as their God will some day claim him as their servant.

The time is not far distant when the laws of invisible forces which govern the elements show us the rainbow, the aurora borealis, and make possible wireless telegraphy, will be perfectly understood. The time is here when medical men are gaining more social and scientific recognition than at any time in the world's history, and are laying aside some of their old time prejudices.

It seems to be what Mark Twain would call the "cussedness" of human nature to raise up barriers against new discoveries and condemn them without investigation.

One of the earliest known teachers

said: "Prejudice is the greatest evil in the world, and the friction which ignorance causes can only be overcome by the spread of knowledge."

Not long ago men were saying the X-ray was impossible; true, it took one man to invent it and another man to prove its practical utility; but it is here to stay. It is well to profit by the mistakes of those who have passed on, and, "lest we forget," remind ourselves sometimes of the persecutions of Galileo, the Professor of Padua; of Harvey, who was not only classed as a quack but as a vagabond; of Andrew Pare, who first used the ligature, in the days when boiling pitch was used to stop bleeding after amputations; he had the whole faculty of Europe against him, who said, "Why let a man's life hang on a thread?" Because Peruvian bark was brought into England by the Jesuits, English doctors rejected it for many years and called it the work of the Devil—not so far back as the dark ages either.

The first medical man who used cantharides as a remedy for dropsy was committed to Newgate. Jenner, too, had to take his share of contemptuous ridicule, but he succeeded in establishing his system of vaccination and lived long enough to gain some credit for his discovery. It is still on the English medical records, that when Simpson discovered chloroform as an inhalent in operations he was bitterly opposed, and the medical faculty said, "We violate the boundaries of our noble profession when we urge or seduce our fellow men, for the sake of avoiding pain, to pass into a state of existence the secrets of which we know so little." Even his church said he was committing willful sin, and turned him out.

In conclusion, I want to remind my readers how short is the span of human life, and how gladly we should welcome and investigate fairly any new method for the alleviation of pain, and the possibility of prolonging the days of human life, for many of the modern day discoveries are founded on a knowledge of the laws of Nature, and on immutable truth, and will be benefiting new races when even the pyramids of Egypt shall have crumbled into dust.

The Microscope as an Aid to Diagnosis.

DR. JOHN DOUGALL.

IT is only a short time since the use of the microscope as a diagnostic measure was considered an unnecessary luxury. In fact it was of no very great value on account of the imperfectness of the microscope and the limited knowledge of the staining reagents and their affinity for the various tissues, elements and structures. In those days only the commonest and crudest examinations were made and more commonly the clinical representa-

tions were called to prove the microscopical findings than *vice versa*.

Today there is always some part or feature in any disease that can be subjected to the microscope; and the structure, arrangement and condition scrutinized by the trained eye of the examiner proves of inestimable value to the attending physician. True, even now the reliability of the microscope is assailed on many sides with various results. More often where unreliability has been charged it has been ultimately traced to some part of the technic rather than to the microscope.

It seems folly to speak of an art as unreliable that is scarcely beyond the experimental stage.

The microscope is not yet perfect, it is becoming so in a comparative degree.

Neither has the microscopist reached the acme, and at the present time investigators of equal note and prestige often express opinions which differ widely, which might possibly lead to the conviction that the man is no more fallible than the instrument. Some cases are on record where the microscopical findings seemed to be at variance with the clinical features and findings. An example occurred lately when Hamilton, of Aberdeen, showed microscopic sections of the tongue of persons over fifty-five years of age which presented an appearance identical with that seen in epithelioma. He placed side by side with them sections of clinical epithelioma, and the most expert pathologists were unable to distinguish between the two.

A great deal might be said with the purpose of encouraging the handling of specimens in a methodical and regular manner, as they may be juggled through the fixing and hardening process, and not show any of their true characteristics under examination.

The stroma of cancerous growths may be entirely changed if the specimen is placed in strong alcohol, while alcohol judiciously used is a very good fixing and hardening agent.

Scrapings of suspected cancer should be kept in the fluid that is present, plus a few drops of formalin.

The confusion in the minds of many as to the extent the microscope can be relied on in diagnosis is not clearing as rapidly as we might expect. The extremes are oftenest noted in those of least experience, nevertheless the possibilities of the microscope are great and increasing, the limitations are, on the other hand, few and decreasing.

At present it can be truthfully said that in some cases the microscope presents the only method of a positive diagnosis while in others again it is very confusing, and can not be depended on alone, but must be taken with the proverbial grain of salt and weighed with the clinical findings.

Not unfrequently the microscope gives a reaction entirely unexpected and is given little credence until the trouble subsequently develops and sustains the former findings. In any case a hasty condemnation of any diagnosis is wrong, and a diagnosis should receive careful consideration even if it is at variance with the clinical findings.

Certain it is that now a diagnosis of cancer is earlier made and the patient

can be given the benefit of time in the hope that metastasis has not taken place. In benign growths the patient can be assured on microscopical reasoning that there is very little danger of a recurrence.

It must be noted that the opinions of the pathologist deduced from microscopical findings are of great value to the clinical attendant, and the co-operation may result in a clearer and more positive diagnosis.

The importance of the microscope is being recognized in many fields as the corroborator of other evidence especially from a medico legal point of view.

The Treatment of Delayed Union and Ununited Fracture.

BY EMORY LANPHEAR M. D., PH. D., ST. LOUIS, MO.

Chief Surgeon of the Woman's Hospital, of the State of Missouri.

TREATMENT OF DELAYED UNION.

THE treatment of delayed union may be tersely expressed as:

(*a*) Securing perfect immobilization; and

(*b*) Improving the general health.

The first must be accomplished even at a sacrifice of the latter; but in most fractures save of the femur it is possible to secure perfect fixation and yet allow the patient to be out of doors.

Local measures, like (a) hammering the region of the fracture daily, (b) massage, (c) electricity and (d) blistering, have had strenuous advocates. They are to be condemned. Either surgical quietude of the affected parts will secure desired results or it will not; if it prove unsuccessful operative treatment must be instituted the same as in pseudarthrosis.

As to time for operative intervention: It is not unwise to wait at least six months in absolute fixation, with occasional passive motion of joints above and below the point of injury—these joints always being fixed in the proper treatment of delayed union.

TREATMENT OF UNUNITED FRACTURES.

For the relief of "false joint" many plans of treatment have been suggested.

1. *Injection of Irritating Fluids.*—The injection of various irritating fluids has been tried, with the idea of setting up a plastic exudate which would increase the amount of callus. If interference with the circulation were the only condition present something might be hoped from this, but when one recalls the pathology its futility is apparent.

2. *Acupuncture.*—By the insertion of needles between the ends of the fragments it has been hoped to stimulate the formation of strong bony callus—Brainard's drills being but a modification of this plan. In delayed union dependent upon some constitutional trouble and not on local conditions, this treatment is sometimes effective; but when the trouble has gone on to true ununited fracture it is useless.

3. *Setons.*—Introduction of setons

was advocated by the older surgeons. I know of no one who would practice this treatment today.

4. *Electrolysis.*—Great things have been promised from electrical treatment, but it has proven a dismal failure in these cases.

5. *Subcutaneous Section of Callus.*—The use of a knife or chisel introduced through the skin at a considerable distance from the site of fracture has had some strong commendation, and where vicious union or superabundance of callus are the chief object of attack may be advisable; but in a general way this method of treatment, like the previous ones, is to be condemned.

6. *Rubbing.*—Violent rubbing together of the ends of the bone has been practiced by many great surgeons, especially when the trouble has not existed very long. If followed by complete fixation for weeks, including the joints above and below the point of fracture, it may be successfully tried in many early cases; and may be employed in late cases where operation is denied, but with guarded prognosis.

7. *Apparatus.*—In late cases when operation is declined, and with patients in whom a bad result has followed operative measures, recourse must be had to fixation apparatus. The ingenuity of a good instrument maker, coupled with the knowledge of a practical surgeon, may give a useful arm or leg that would, without their aid, be an incumbrance. Nothing definite can be said relative to plans, as each individual case must be carefully studied and its particular indications met.

8. *Operation.*—When we come to the consideration of the operative treatment the importance of clearly understanding the pathology becomes at once apparent: That which is appropriate for a fibrous union is wholly inadequate in a false joint with one fragment the site of extensive rarefying osteomyelitis.

The advisabilty of operating is a question which requires much judgment and some study to answer. The location of the injury has much bearing upon the subject, as has also the general condition of the patient and his surroundings; to attempt operative treatment upon an ill nourished patient in a farm house with an ununited fracture of the leg, for example, would be scarcely less than criminal. Indeed, typical "wiring" of such a fracture is a formidable undertaking in even the best hospitals; it should be remembered that there is a 20 per cent mortality in wiring the femur. I, myself, have had two fatal cases; one of the femur and one of the tibia; and have had a considerable number of amputations where operation (by myself and others) had failed. Operations upon the upper extremity are not so apt to be followed by disastrous results, yet even here the uncertainties are such as to make one pause. At best it is always well to plainly state the possibility of failure, and let the patient decide whether or not he will take the chances.

(a) *Pegging.*—The use of ivory pegs had an enthusiastic advocate in my late lamented friend and teacher, Dr. Christian Fenger, of Chicago; and there are many who yet use the pegs after drilling the bone in such way that the pegs

will hold the ends in apposition. They are especially recommended in cases where there is a strong tendency to the overriding of the fragments in an oblique fracture, even after the callus is cut away and the muscles freely divided. Personally I have never employed them and do not advise their use.

(b) *Nailing.*—The use of wire nails instead of ivory pegs has been highly praised by some authorities. I have introduced them a few times, and have had excellent results; but I am now convinced that the same ends might have been attained without the dangers accompanying their use. I have therefore abandoned this plan of treatment, even in cases where there is very little destruction of bone-tissue.

(c) *Wiring.*—The operation which has been most popular during the past few years consists of (1) cutting down upon the site of injury with a long, free incision; (2) removal of the callus and interfragmentary substance with chisel and bone-scoop; (3) fashioning the ends of the bone, by chisel, gouge or saw, so that good, healthy surfaces can be brought together; (4) drilling the ends of the bone in two places on each fragment; (5) introduction of a heavy silver wire through the openings; (6) replacement of the fragments to point nearest the natural position; (7) uniting the ends of the loop of wire, cutting the ends short, and hammering down the twist beneath the periosteum; (8) loosely closing the tissues with drainage to the depths of the wound, and (9) watching with fear and trembling the outcome of the case. I must confess to a number of dismal failures, as well as some gratifying results. Rarely I have had to cut down and remove the wire long after its introduction.

Candidly I do not believe the wire does much good; certainly where its employment seems indicated chromicized catgut will hold equally well for the required length of time, and is eventually absorbed instead of remaining as a foreign body; however unirritating silver wire may be, it is still a foreign body which must either be thrown out or encysted—each a tedious process. In certain recent cases, then, where there is not much loss of good bone, and in instances of great overriding (as in the femur) suturing the bones with either wire or catgut must at present be regarded indispensable to some surgeons.

(d) *Periosteal Suturing.*—In most ununited fractures, however, this drilling of bone and direct joining of fragments may be abandoned. If the callus be carefully cut away without great injury to the periosteum, if all substances between the ends be thoroughly removed, and if the freshened fragments be brought into close contact and held in correct position by an intelligent assistant, the periosteum and fascia may be stitched around the break in such way as to give good permanent apposition, if reinforced by appropriate splints—the wound then being closed by suture, with deep drainage, and treated as any other compound fracture.

(e) *Packing.*—In some late cases, where there has been much absorption of bony tissue with formation of a "joint," neither wiring nor suturing

has given satisfactory results in my work. In such cases I have adopted the same plan of treatment found to be advisable in instances where necrosis has followed the use of silver wire. It is the same treatment I advise in non-union of compound fractures, presently to be described—namely, cleaning out the wound and packing with gauze.

Illustrative Case: A man of 28, strong and active, fractured his patella. It was "set" by his usual attendant; result, a two-inch ligamentous union without use of leg. Fibrous tissue was removed and fragments wired by a neighboring surgeon. Necrosis followed. On admission to hospital he had a useless leg and a rotten patella. It was curetted, and remnants held in place by careful suturing of periosteum and surrounding fibrous tissue, the cavity being filled with iodoform gauze. Slowly the bone reformed by the process of granulation, and in fourteen weeks perfect healing was secured. He now walks with scarcely a limp.

NON-UNION IN OPEN FRACTURE.

The principlal cause of non-union in open fractures is infection—suppuration. It may not be marked. It may also be present in closed fractures. Fever of alarming character may never be present from the septic infection. Yet deeply within the tissues most interested in the formation of bony union, there is just enough of the pus fungus to prevent perfect results under usual plans of treatment. The same cause prevents ideal results in wiring and nailing operations. Even in the best hospitals and with the utmost antiseptic care infection with the Staphylococcus pyogenes aureus or S. epidermidis albus occurs (if not with some more virulent micro-organism) and failure follows. As a result of my own experience I have reached the conclusion that the best results are obtainable by widely opening the soft parts—usually one cut on the upper and two on the under surface, by choice; cutting away all the callus; removing the ends of the fractured bone, if necessary; sewing the periosteum over the junction of the ends as well as possible, using formaldehyde-catgut, previously boiled; packing the wound loosely with bichloride gauze, 1 to 2,000; putting on a fixation apparatus, and allowing the wound to heal from the bottom by granulation.

This requires weeks of patient attention. For at first the wound must be dressed daily, and the utmost care must be exercised as to asepsis, lest from dirty finger nails the surgeon engraft a pus infection of a character to destroy the limb or life of the patient. No water or other liquid is permitted to come in contact with the wound—it is simply cleansed as well as possible with sterile cotton around a probe, dusted with an abundance of iodoform or aristol, and fresh gauze pushed in. After two weeks the dressing can be made every alternate day and after four weeks every third day. At about the third month (with the large bones) the wound will have filled completely and the skin be cicatrized. The limb may then be put up in plaster of paris and the patient allowed to go about. In six weeks more perfect result should be attained.

(f) *Amputation.*—After all other plans of treatment have failed and a useless

extremity persists, or when infection following operative treatment threatens life, amputation is to be performed. With the useful artificial limbs now made by numerous manufacturers, there is no excuse for a life on curtches or a useless hand as a result of a non-united fracture.

Reprint from the Railway Surgeon for June, 1903.

Septicaemia.

S. J. SMITH, M. D., UNIVERSITY PLACE, NEB.

A CASE in practice. Mr. G., a stranger to me, sent for me one day, I being out of town another physician was called in to see Mrs. G. Diagnosis La Grippe (the family dissenting). One week later Mrs. G. aborted. A few days later two physicians were called in and curetted the uterus, and outlined a course of treatment to be carried out. About one week later the patient was suffering great pain and distress; the attending physician being out of town I was called in very early in the morning and relieved her of her sufferings. On my departure I was requested to meet the doctor there at nine o'clock a. m. The friends expressed themselves as being very much dissatisfied with the treatment the case was receiving. On the doctor's return, and learning that he was to meet me, he secured the presence of another physician "who had had so much experience in injecting normal salt solution." This one did not think it was necessary to inject into the cellular tissue, he thought it would be sufficient to inject it into the bowels.

He then went home, and the attending physician prepared his normal salt solution and without going through the formality of first emptying the bowel, he proceeded to inject the solution. Three days later he proposed to inject "a red liquid" into the arm, and on the patient objecting he said: "if they questioned his ability it was time for him to quit, and for them to get another doctor." He was informed that "he could quit as quick as he pleased, as they had had no confidence in him for some time;" so he took his departure.

I was called to take charge of the case. I informed them that I could promise nothing as the patient was in a more serious condition than when I last saw her. This they realized and admitted.

The odor in the room was very offensive; tongue heavily coated, breath very fetid, pulse small, weak and feeble; temperature 102°, discharges colored. The treatment was definite, positive and effective, each remedy performing just what was expected.

Treatment. Asepsin injections which controlled the odor in forty-eight hours, Cannabis indica which controlled the flow. Remembering the teachings of Prof. Scudder, chlorate of potash was not forgotten, but combined with echinacea was given internally. After a few days the temperature began to decline, the tongue to show signs of cleaning, the patient expressed herself feeling better, and so went on to complete recovery. I learned that she aborted about a year previous and was sick a long time.

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303 GRANT BUILDING, LOS ANGELES, CALIFORNIA.

EDITORIAL.

The new building for the German Deaconess Hospital is rapidly nearing completion. It is an imposing edifice, in construction and equipment absolutely modern, no money having been spared to make it first-class in every respect. It will be an enduring monument to the energy and wisdom of its founders.

We are all familiar with the work of the German Deaconess nurse and we have the assurance that our patients will receive scientific and interested care, and that our directions will be carefully followed. We acknowledge her unsurpassed excellence.

The institution will be conducted on a strictly aseptic basis, all of the accepted rules being rigidly enforced. This hospital will deserve your strongest commendation and you owe it to yourself to make an effort to increase its patronage.

A Los Angeles County Eclectic Medical Society has been organized with Dr. J. C. Solomon, Pres., Dr. B. Roswell Hubbard, Vice Pres., Dr. A. O. Conrad Secy., and Dr. A. J. Munk, Treas. These are strong, energetic men, well qualified to guide the uncertain footsteps of an infant society. Meetings will be held on the first Saturday evening of each month for the hearing and discussion of a paper especially prepared for that occasion. After these arduous labors, suitable refreshments will be provided. Good fellowship will prevail and we are certain that each member as well as our cause will be greatly benefited thereby. The first meeting will be held November 7th, at the offices of Drs. Perçe and Harvey,

Long Beach, and the time of our lives is promised by them.

Dr. and Mrs. B. Ketchum are in California visiting old friends and making new ones. The worthy doctor is Professor of Eye, Ear, Nose and Throat Diseases in our Lincoln, Nebraska College, as well as its Secretary, and his duties therein will prevent him from making an extended stay with us. However, Southern California hospitality is keeping his spare moments engaged and we trust he will come again when he can remain longer. Mrs. Ketchum is a sufferer from rheumatism and will probably remain through the winter.

We publish elsewhere in this issue an article on the climatology of the Southwest by Dr. J. A. Munk. It is a comprehensive dissertation and is in no sense visionary. Dr. Munk is perfectly familiar with this subject and his words may be safely quoted. Withal, it is a very readable article even to one not especially interested along this line. Other articles, treating more particularly of the climatology of certain localities, will follow regularly in each succeeding number of the Journal. Each will be written especially for this series by a good local man, who is thoroughly conversant with his subject. All of them will be found worthy of your attention.

We regret to announce that Miss Marie B. Hess, Senior Nurse to the German Deaconess Hospital, died September the fifth. She was not only a capable and efficient nurse, but she considered it a sacred trust and privilege to minister to the sick and afflicted. Every faculty of her being was consecrated to her life-work. She was especially gentle, tender and kind, and was ever thoughtful of the wishes of others. Although called away while in the very midst of her activities, yet her story is that of a life lived well and nobly.

QUERY BOX.

Conducted by L. A. Perce, M. D., Long Beach, Cal.

What is the best single remedy for hives?

The best single remedy for hives is Veratrum, and must be given in good doses, about five drops say every four hours. This will positively cure; the intestinal canal should be thoroughly cleaned out.

What is a good quick remedy for obstinate vomiting, from a purely nervous origin?

A full dose of chloral hydrate, say twenty grains given in copious solution, will in five minutes arrest vomiting, give patient refreshing sleep, and he is not likely to have a return of nausea.

What do you usually prefer for dressings for small wounds, wet or dry?

Generally dry dressings are preferred, as coaptation of edges of wounds is better preserved thereby.

What is a good remedy for frequent urination in old men, when the prostate is the main factor?

Thuja (Lloyds) on sugar disks No. 6, fully saturated, four or five every couple of hours, will give vast relief.

Climatology of the Southwest.

Dr. J. A. Munk, Los Angeles Cal.

The climate of the Southwest is undoubtedly superior to that of any other portion of the Continent. Its area is limited and is bounded on the east, in New Mexico, by the Continental Divide; on the north, in Arizona, by the Colorado Plateau which is the union of the Sierra Nevada and Rocky mountains in their southward trend; on the west by the Pacific Ocean; and on the south by the Gulf of California; and includes Arizona, Southern California and northwestern Mexico. It is in the arid zone and dry.

Over this whole region there is a surprising absence of the disagreeable extremes of weather which afflict the country lying north and east of the Continental Divide. Fierce, cold winds frequently blow out of the north, which sweep the land with terrific force from the British possessions to the Gulf of Mexico; but such winds never blow west of the Divide.

The Southwest has a variety of climates, differing according to locality, but its distinguishing feature is siccity which affects in some measure, every other condition. Rain is scant, water scarce and evaporation excessive. The average annual rainfall is from three to thirty inches and the evaporation has been estimated at one hundred inches. Yuma, the geographical center of the Southwest, has the least rain, while the heaviest precipitation is upon the high mountains.

The rainy season does not everywhere come at the same time of the year. On the Colorado Desert and eastward to the Continental Divide the rainy season occurs in mid summer, while between the coast range of mountains and the Pacific Ocean, the rains fall during the winter months; but it is dry everywhere and, therefore, a healthful climate.

The air is so very dry that there is seldom any dew, and damp and mould never collect in houses. Even a dead animal when left upon the ground to decay does not wholly decompose but desiccates and dries up into a mummy.

The rapid evaporation, which the dry air makes possible, furnishes a unique and practical method of refrigeration that is in general use. Water is put into an *olla*, which may be either a porous jar of pottery, a tightly woven Indian basket or a stout canvas bag, that is hung up in the shade where the breeze blows. The slight seepage of water which filters through the pores of the vessel is enough to moisten its surface but evaporates as fast as it gathers. The evaporation reduces the temperature of the water in the *olla* many degrees lower than the temperature of the atmosphere. The water thus refrigerated tastes refreshingly cool and is preferred to ice water as a beverage.

The dry earth absorbs heat rapidly from the sun during the day but gives it up again with equal facility during the night. The change begins even before the sun sets but after it is down the radiation of heat from the earth is very rapid as there is no blanket of moist atmosphere to retard its escape. This process of heat radiation explains

the unusual phenomenon of hot days followed by cold nights.

In a humid atmosphere like that on the Atlantic coast, where the humidity is always excessive, the dry and wet bulb thermometers register within a few degrees of each other, which makes the sultry heat of an eastern summer insufferable; but in the arid Southwest the sensible and shade temperatures often vary as much as fifty degrees. Because of this wide difference in the markings of the dry and wet bulb thermometers, even in localities where the weather is extremely hot during a portion of the year, the heat is not oppressive. The rapid evaporation of perspiration from the body cools the blood and prevents sunstroke or serious prostration.

The Southwest, also, has the advantage of diversity of altitudes which is often an important factor in solving problems of disease. They range from nearly four hundred feet below sea level in the Salton Sink on the Colorado Desert, to eleven thousand feet on the highest peaks of the San Bernardino mountains in California, and thirteen thousand feet on the San Francisco mountains in Arizona.

Dry land below sea level like the Salton Sink is only possible where the evaporation exceeds the precipitation. Such spots are rare and are only found in desert places.

Atmospheric pressure acts upon the body as a sedative and is a regulator of the vital functions. Altitude produces exactly the opposite effect and acts as a stimulant and nerve irritant. Persons of a nervous organization fare best at a low altitude while the phlegmatic temperament thrives on elevation. A patient that has organic disease of any kind should never go high but remain on a low level and, as a rule, the lower the better. Living too long in any one place, however pleasant and healthful it may be, can in time be worn out, and a change of altitude and environment becomes necessary to restore the nervous equilibrium.

A low or only moderately high altitude is preferable as a permanent place of residence for most people, but sometimes it becomes necessary to move higher up in order to reap the beneficial stimulus of altitude. More frequently, however, it is necessary for those living on a high elevation to move to lower ground in order to avoid the uncomfortable over-stimulation of a high altitude which sometimes affects sensitive nerves. For this reason nervous people cannot stand living in a high altitude for any great length of time without suffering ill effects. Whenever it is found to be injurious relief can only be obtained by changing location and descending to sea level. A high altitude usually benefits cold and thin blooded people as elevation stimulates the circulation and increases the hemoglobin of the blood.

The constant interchange of desert and ocean air, which takes place in the Southwest, is what makes the climate of Southern California so delightful.

In the Pacific Ocean there flows a broad deep stream of cold water, called

the Japan current, which moves south along the California coast and cools the atmosphere over the sea. Far inland on the dry desert the hot air ascends and is carried over many miles of arid land out to the sea. When the two atmospheres meet and mingle, their union makes the temperate sea breeze which is neither hot nor cold, wet nor dry, but just right for the perfect comfort and well being of man.

The temperature of the sea breeze is about the same throughout the year, yet in contrast with the state of the weather farther inland, it feels cool in summer and warm in winter, but is always more cold than hot. Its presence is most noticeable during the summer when the tendency is toward excessive heat. Every day with great regularity the refreshing sea breeze blows cool off the ocean in a gentle zephyr which carries coolness wherever it goes. The sea breeze, being heavier than ordinary air, does not incline to rise or cross the mountains but hugs the earth closely and spreads out over the broad Los Angeles Plain, which is the only wide stretch of level land lying open to the sea on the entire California Coast. This rare combination of desirable elements makes Southern California an ideal place for residence and gives it a climate that is as nearly perfect as can be found anywhere.

The climate of the Southwest is favorable for every condition of either health or disease. By making slight changes in locality, any quality of climate may be had that is desired. On the seashore the weather is comfortable during the whole year, and needs no change, except to break the monotony. If there is any difference it is more pleasant in summer than in winter because of the entire absence of rain and there is absolutely perfect picnic weather every day from April to November.

If for any reason it is deemed advisable to break away from such comfortable monotony a change can easily be made, to some of the nearby mountain resorts in California; or, if a greater distance be preferred, a trip can be taken to the high Colorado Plateau and the Grand Canon in Arizona. No more pleasant or beneficial changes can be made for a summer outing than a trip from sea level to some mountain camp in California, or that wonderland of nature about Prescott and Flagstaff in northern Arizona.

Again, a change in winter, either from the seashore or mountains to the low, warm, dry lands on the banks of the lower Colorado river is both comfortable and beneficial. Indio, Imperial and The Needles in California, or Yuma, Phoenix and Tucson in Arizona, are points of attraction for the tourist.

There is no finer winter climate in the world than is found on the lower Colorado river and Gulf of California, but in summer the weather is very hot, and every year the hot interior sends a numerous contingent of summer tourists to the seashore in California for a touch of the cooling seabreeze.

The health of the Southwest is unusually good. There is a minimum of acute disease which, as a rule, is of a mild type and easily controlled.

The summer, even during the hottest weather, is exceptionally free from disease and the doctors usually improve the occasion by shutting up shop and taking a vacation. What little acute disease there is occurs in winter.

There is no disease that is peculiar to the climate and many of the serious and fatal diseases that are common in other countries are entirely absent here. During the twelve years that I have practiced medicine in Los Angeles I have not seen a single native case of either malaria or cholera infantum. It is a child's Paradise, where the children are healthy and grow up as nature intended they should.

Chronic diseases of every description are common, but are invariably imported by invalids from the east, who keep the doctors busy.

However, people sicken and die in the Southwest the same as they do everywhere else, as death is inevitable and comes to all alike in the course of nature; but the chances for possessing good health and a long life are better here than elsewhere. The clear, dry, warm weather affords almost daily opportunity for exercise in the open air and an active outdoor life.

The charm of the climate is irresistable and, once tasted, the inevitable desire is for more.

What Little I Know About Cactus Flowers as a Remedy.

Dr. Ovid S. Laws.

I have made no botanical study of the cactus family from a book, hence know but little regarding names of different species. And when we read of Spec.–Tinc.–Cactus flowers, I do not know whether it means the flowers of a certain species, or of the flowers in general.

But I do know something of the value of the flowers on one species. I got the plant from a lady who has quite a variety, and this one she calls the "Night-blooming Cereus." I planted two sections of it by my barn. One threw out a great many branches but never bloomed. The other branched but little, but bloomed freely. It climbed to the roof, curved out and over the projecting shingles, and started for the comb of the barn, but Jack Frost was too much for it the first winter, I mean the part on top of the barn.

The reason the other plant did not bloom is supposed to be because the cutting happened to be wrong end up when planted. I can think of no other reason. I left it growing for several years but never a bloom appeared.

Well, I was startled one day when an intelligent lady told me that I had a "Snake Cactus" climbing up my barn. Now you have it. The night blooming cereus, or cereus bonplandi is the snake cactus. It has a stem an inch in diameter, and gets no larger by age, and would doubtless grow fifty feet in length in a clear field.

The bloom cannot be surpassed in beauty. I use only the light colored part of the flower and its net work of organs. Hence my home made Tinc.–Cactus flowers is a very delicate straw color. I prepare the tincture from the flower before it wilts, by cutting it

up, and covering with strong alcohol in a wide mouthed bottle. Frequent agitation for a few weeks gives me a very fine tincture, that I value more than any other remedy for general use in heart diseases. I could give several interesting cases, but will only state briefly that you can rely on it in cases of "fatty degeneration of the heart," and in all weakened conditions of the heart muscles or valves.

I sent some to a man at Redlands, that was supposed to have "water around the heart." A single ounce cured him. I ordered it given in doses of 5 drops, three times a day. So, you see, with me, cactus is in the front rank of our little army of heart remedies.

Please remember that it is prepared from the fresh flower of the "Snake Cactus," and I can vouch for no other.

Care and Treatment of Infants and Children—(Continued).

W. S. Gibson, M. D., Los Angeles, Cal.

If the child can get its food by nursing and thrive on it, it should be allowed to do so; but many things may have recourse to prevent it, or make it inadvisable, such as lack of secretion, changes in the composition of the milk making it injurious to the child, constitutional diseases or hereditary taint in the mother, injury to mother or child. Any one of these conditions existing, artificial feeding becomes a necessity and the nearest approach to the normal human milk for the different periods of childhood will be the proper food.

Some of the prepared foods of the market may do very well for the older child, but for the infant they are absolutely unfitted. Some modification of the following formula will give satisfaction in most cases if the milk supply is looked after:

Milk 2 parts, cream 3 parts, water 10 parts, Sugar of milk 1 part, lime water 2 parts; mix and sterilize.

Feed from nursing bottle, as that is the only way to get the flow of saliva which is absolutely essential. Do not use a tube and see that the nursing apparatus is thoroughly washed and sterilized after each feeding. Do not over feed. Do not feed the child when he is hot and excited, but instead give him a drink of water, loosen the clothing, bathe with tepid water, cool and soothe and then let him be fed.

In hot weather the infant should have its bath twice a day. A sponge bath will do, but better still, immerse the whole body in the water, while supporting the head on the arm. A good tonic treatment for a feeble child is a cool bath followed by brisk rubbing until reaction sets in, then rub the entire surface of the body with warm olive oil.

The clothing should be adapted to the season; it should be loose, light and warm, covering the legs, arms and neck. Warmth is of prime importance in young children, but avoid an excess of heat; exposure of the lower extremities is very common and is a source of disease. The clothing should not prevent free movement of the limbs or interfere with breathing, circulation or di-

gestion. Remove all soiled or wet clothing at once. Give the child the benefit of fresh air, light and sunshine; if the weather is suitable, let him live among the flowers protecting his head from the direct rays of the sun.

If the child should be troubled with vomiting, diarrhea or any other irritation of the stomach or bowels, look after the food supply. It may be due to over feeding, the composition of the food may be wrong; or the source of the milk supply may be infected. These should be corrected if we expect to benefit the patient. Usually this will end the difficulty, but if the wrong has continued until infection of the intestinal tract has taken place, other means will be necessary.

The treatment of children is not so simple a matter that a modified treatment for the adult can be adapted to them successfully. Any deviation from the standard of health affects them more profoundly than the adult; the sudden onset of disease, speedy recovery or quick death; their susceptibility to drug action and proper nursing require that the physician should be on the alert for every change and should be capable of interpreting every symptom and be ready with the proper remedy. The character and frequency of the discharges from kidneys and bowels, the condition of the stomach and the matter vomited, the temperature and condition of skin and nervous system should all be looked after, taking nothing for granted. Do your own diagnosing, not allowing the mother or friends to do it for you.

A Sign of Heart Failure.

Dr. Henry Jackson calls attention to one of the signs of cardiac failure which is of great import, though it meets but little notice in the articles upon this condition—namely, a discrepancy between the rate of the arterial pulse and the rate of the heart-beats. He has observed in many instances that in cases of extreme cardiac weakness the pulse was very slow, intermittent and irregular, while the heart was rapid, and refers not to cases in which it is extremely difficult to count the pulse, as is always the case when the pulse is irregular, but to cases in which the most accurate taking of the pulse by trained individuals does not show a rapid pulse-rate, yet examination of the heart shows that its action is extremely rapid.—*Medical Times.*

A case of prolapsus uteri treated by submucous injection of sterilized paraffin is mentioned by New England Medical Monthly—from the work of Drs. John J. Douglas and Wm. Gream Stone. The patient was sixty-nine years old, and too feeble for a radical operation. The prolapsus was complete. Pessaries were useless. Injections of paraffin were made in several places under the mucous membrane of the lateral and posterior vaginal walls, and about the cervix. A finger was kept in the rectum for a guide, and a probe passed into the urethra. As a result the lumen of the vagina has been very much narrowed, and its walls stiffened; and the uterus is now completely held up during walking and defecation. The patient has no discomfort.

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Editorial.

Serum-Therapy.

Serum-therapy is old, but the scientific application is modern. The Hindu Snake Charmer allowed himself to be bitten by the young poisonous snake (which is not so virulent) at stated periods until he became immune and could handle the most venomous serpent with impunity. We all recognize the fact that after a person has smallpox he is immune. After measels and whooping-cough he is immune. On the principle of immunity serum-therapy is founded. But we must keep in view *two facts* in relation to serum-therapy—one an *antitoxin* and the other a *germicide.* The principal antitoxins are the antitoxins of diphtheria, hydrophobia, tetanus, bubonic plague and snake bites.

Physicians are divided on the question of the value of antitoxin-therapy. Many claiming great results, others that these toxins not only have no value but are deleterious to the system. We believe any system of medicine founded on serum-therapy or antitoxins cannot survive, at the same time we concede that a certain amount of truth exists in the practice. We cannot deny the observations of many skillful, intelligent physicians, who have had unquestioned success in the use of the diphtheria antitoxin.

It is difficult to determine how immunity from certain diseases is produced, or how what is known as antitoxin should antagonize an infectious disease. Persons living in malarial districts become immune after a time,

while the recent arrival chills and shakes as if landed on far Alaskan shores.

What causes the immunity? What changes take place in the system? Is it entirely owing to the toleration the system acquires by continued infection? The generally accepted theory is, that there is produced a certain substance which is opposed to the poison or toxin. While others as persistently maintain that what is known as the anti-toxin acts by increasing activity of the leucocytes. Out of the diversity of theories truth in time will prevail and serum-therapy will be either relegated to the shades of forgetfulness, or adopted in infectious diseases.

The honest German manufacturer who has such dread of our canned goods and meats has no hesitation in sending us all kinds of impure foods. An enterprising firm of this city the other day imported a "cherry color" labelled as pure vegetable juice which under government analysis proved to be pure analine dye—a poisonous substance. It had to be returned to Posen. The "cherry color" is used for coloring jellies, jams and clarets. Our pure food law is bearing good results, and when our State passes the proper law, it will stop our own dishonest manufacturers.

Editorial Notes.

Work is under full headway in the California Medical College.

Professor Nelson's class in Anatomical Modelling suggests a sculptor's studio.

We take great pleasure in announcing that we have arranged with Dr. A. J. Atkins for the publication of his very interesting paper on the electro-chemic forces in the December number of the JOURNAL. This paper has aroused world-wide interest and our readers will welcome the opportunity of reading and studying it. Any one desiring extra copies of this journal will kindly place orders in advance.

Dr. R. J. Schmiedel has been appointed surgeon to a mining company at Hodson, Calaveras county. The JOURNAL wishes him success.

Dr. Atkins' lectures at the California Medical College are proving an attraction to outsiders. Many visitors attend his lectures each week.

Dr. Tanner of Oklahoma has been visiting the city.

Dr. Murphy of San Miguel was in town during the month. The doctor recently submitted to an operation for appendicitis, and made an unusually rapid recovery.

Obituary.

FREDERICK JOHN LOCKE, M. D.

By the majority of eclectic physicians the death of Dr. Locke is felt as a personal loss. He had identified himself so closely with the progress of his school.

Frederick John Locke, M. D., Dean of the Faculty of the Eclectic Medical Institute, was born in the city of London, England, on the 7th of December, 1829. He was educated at Christ's

College, Newgate Street, in the same city, and read medicine with Dr. Edwards, Blackfriar's Road, London. He came to this country at the age of 17.

In 1864 he graduated at the Eclectic Medical Institute, Cincinnati. He practiced medicine in Newport, Ky., since 1864, having one of the largest and best practices in the State of Kentucky. For six years he was city physician of Newport, having charge of the City Hospital, jail and all outdoor poor. In 1871 he was appointed Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute, which chair he held with great credit to himself and his important branch of Materia Medica and Therapeutics, until his death. His lectures have been collated and added to by Prof. H. W. Felter, and published as "Locke's Syllabus of Materia Medica and Therapeutics." He was an active member of the Cincinnati, Kentucky, Ohio and National Eclectic Medical Associations.

As a teacher of materia medica and therapeutics few men have served so long and acceptably as had Prof. Locke. Dr. Locke was a perfect type of thc Kentucky gentleman, and an orator of uncommon ability. The students and graduates revered him as a father. Since the death of Professor Scudder in 1894, he had been Dean of the Faculty.

Dr. Locke's funeral which was held Sunday, September 13th, was largely attended by many prominent physicians from Ohio, Indiana and Kentucky, attesting the great veneration in which he was held by those who had sat under him as a teacher.

John R. Goodale, M. D., who has long been a valued member of our society also died during September. He graduated from the New York Medical College in 1872. Since 1891 he had been a resident of Oakland. His loss will be deeply felt by his fellow physicians and friends.

On its introduction the following resolution was unanimously agreed upon by the Board of Directors of the Eclectic Medical Society of the State of California, and it was ordered that an official copy of the same be sent to the widow and that it be published in the current issue of the CALIFORNIA MEDICAL JOURNAL.

WHEREAS, It has pleased Divine Providence to remove from our midst Dr. J. R. Goodale, who was an honored officer and at all times a faithful member of this Society, therefore be it

RESOLVED, That we, the members of this Society do hereby express our deepest sorrow and extend our sympathy to his bereaved family.

O. C. WELBOURN, M. D., President.
B STETSON, M. D., Secretary.

Societies.

The Twentieth Annual Meeting of the Eclectic Medical Association of the State of Texas was held at Waco, Texas, October 13th, 14th and 15th. The program was varied and excellent, the papers read, all showing careful and intelligent study. Dr. G. W. Johnson gave a very interesting address on medical progress.

Prof. J. U. Lloyd, who was present,

electrified all by his hypnotic magic and practical good sense.

Resolutions of sympathy for the families of Drs. F. J. Locke, D. A. Standlee and J. M. Williamson were passed.

At the close of the session the society adjourned to meet next year in the Sea Wall City.

The following are the officers for the ensuing year : Drs. H. W. Gates, Waco, president; W. E. Ridge, Gober, first vice president; W. R. Fowler, Pottsville, second vice president; L. S. Downs, Galveston, secretary; M. E. Daniels, Honey Grove, treasurer; Geo. A. Wittie, Lovena, Texas, and Mary B. Morey, Gonzales, Texas, were elected corresponding secretaries; representatives to National, G. W. Johnson, M. D. and M. F. Daniel, M. D.

The County Society.

The eighth regular meeting of the San Francisco County Society of Physicians and Surgeons convened at the usual time, 8 o'clock, in the offices of Drs. Gere and Hamilton.

The President of the Society, Dr. M. Schirman, called the meeting to order.

In the absence of Dr. Bailey, secretary pro tem, Dr. Nelson called the roll and read the minutes of the previous meeting.

Eleven society members were present.

Owing to the departure of Dr. Schmiedel, the society was left without a secretary. Dr. A. B. Nelson was elected secretary for the balance of the term.

No paper on Serum Therapy was read, owing to the fact that Dr. Maclean was absent, and no gentleman present had a paper.

Dr. Foster asked the views of those present on Cardiac Asthma.

Interesting discussions were entered into by Drs. Hamilton, Gere, Mitchell, Scott, Davis, Harvey and Nelson.

Meeting adjourned until October 21.

The ninth regular session of the San Francisco County Society of Physicians and Surgeons convened on October 21st.

Vice President Atkins called the meeting to order. The minutes of the previous meeting were read and approved.

The secretary called the roll. Fourteen members were present.

Upon the recommendation of Drs. Scott and Nelson, Dr. B. F. Richards made application for membership in the Society. He was duly elected a member; the secretary casting the vote. Tho doctor was called upon for a speech. He thanked the Society for favors conferred upon him and spoke in an enthusiastic manner, dwelling upon the "Spirit of Eclecticism." To this Dr. Atkins replied in a short address.

Dr. Maclean then read a paper upon Serum Therapy. This proved highly interesting. In this paper "immunity" was incorporated as the foundation of Serum-Therapy. The paper treated of the manner in which antitoxines were prepared; also their use as a remedial agent. The doctor finally divided the subject into three propositions.

Discussions were freely entered into by most of the members present.

It was decided, owing to certain existing conditions, by the Board of Trustees and students of the California Medical College to place the sum of $500 in "escrow" for attorney's fee. This is a fund to be used for the purpose of securing proper medical legislation. Adjournment.

A. B. NELSON, Secretary.

October 21, 1903.

Reviews and Extracts.

Treatment of Cerebral Compression and Concussion.

Percy R. Bolton, M. D., New York City.

There is very little that can be offered that is new in the way of suggestions for the treatment of head injuries, and I take it that I can not do better than to indicate the schemes of treatment that are conventional in most hospitals in this city in forms concrete enough to serve for your discussion ofthese subjects.

I. *Concussion* — The treatment is altogether symptomatic. In mild cases there is little required beyond rest in bed and external warmth. In more serious or very severe cases, in addition, the heart action is maintained by various forms of stimulation, viz.: mustard paste over the precordium and hypodermic injections of strychnine and whisky.

In any case, if the reaction excitement is or tends to become excessive, the head is elevated, an ice-cap applied, and morphine or hyoscine is given.

The treatment of the infrequent sequelæ, neurasthenia or the symptoms of positive brain gliosis, can not be appropriately discussed here.

II. *Compression*—The principle involved is the removal of the cause of the compression by operative or other means.

a For increased arterial pressure when added to another cause, bleeding should be the procedure of choice; catharsis by croton oil, constriction of the extremities, or the use of drugs to reduce arterial pressure, are far less satisfactory except in the mildest of recurrent cases.

b For intracranial hemorrhage practically nothing can be done unless the hemorrhage occurs from the middle meningeal and between the dura and the skull. Here it is necessary to act, and the results, while not so good as might be expected—for there is usually present also some form of brain injury —are not encouraging.

The skull is to be opened, the fluid and clotted blood turned out, and the bleeding vessel secured proximal and distal to its point of injury.

c For intracranial exudation, the inflammatory products are to be evacuated by trephining the skull and incising the overlying meninges and brain tissue.

It is important to bear in mind that endocranial suppurations are oftenest consequent upon infected injuries or inflammations of the brain coverings, and that the danger of their occurrence forms one of the chief reasons for the exercise of the greatest care in the treatment of such injuries and inflammations.

d For depressed fractures of the skull. It is rare that, except in very young infants, depression of the skull ever causes compression of the brain to a degree that yields symptoms or is immediately a source of danger. Such depression is usually associated with a more or less severe contusion of the underlying brain. But to prevent the possible development of the sequelæ of irritation of the brain by depressed bone, it is proper, at least in open fractures, to elevate the fragments and to remove those that are separated from all blood supply.

In infants the contour of the skull is usually spontaneously restored and in them, therefore, no very active treatment is commonly required.

e Compression by foreign bodies can hardly be imagined to occur without positive associated endocranial injuries of such severity that death is apt to result. It goes without saying, however, that foreign bodies are to be removed if this can be done without too much additional injury of brain tissue.

Clinical Notes on Dysemia.

BY LOUIS J. GRAVEL, M. D.,

Physician to the Hotel Dieu Hospital and Chief of the Laboratory Montreal, Canada,

The treatment of the changed condition of the blood in dysemia consists in the adoption of an appropriate regimen—a nutritious dietary, fresh air, and sunshine—in connection with the administration of iron supplemented occasionally with arsenic. Hydrotherapy is a very valuable auxiliary in some cases. The patient should rest as much as possible, and in severe cases should take a vacation in the mountains. Long before modern hematology and its beginning, iron was administered on empirical grounds, and all that modern medicine has contributed to the therapy of dysemia is the introduction of ferruginous compounds, which are not only superior in efficacy to those in former use, but free from their objectionable features. The chief disadvantages of the older iron preparations were their disturbing effect npon the digestion, their tendency to produce constipation, and their destructive action upon the teeth. It is a notable achievement of pharmaceutical chemistry to place at the physician's disposal organic ferruginous compounds, which approximate closely in composition to the form in which iron is contained in the red blood-globules. The most prominent preparation of this kind is Pepto-Mangan (Gude). This consists of iron and manganese in the form of peptonates, which, representing albuminous elements in their last stage of digestion, are immediately absorbed and assimilated, witbout undergoing any previous transformation in the gastroin testinal tract. The presence of manganese in combination with iron in Pepto-Mangan is based upon the fact that both of these elements are found associated in the red globules.

Having had my attention directed to this preparation through the reports of leading authorities in European and American journals, I subjected it to a thorough test in the Hotel Dieu Hospital, Montreal, and have briefly recorded here the histories of a number

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of typical cases in order to demonstrate its efficiency in dysemia, as shown by the rapid increase of the hemoglobin percentage and number of red blood-cells.

Case I.—A woman aged 25 years; dysemia. Time of administration, 30 days, First count, 3,376,400 red corpuscles to the c.mm.; second count, 4,400,300 to the c.mm. Hemoglobin: first examination, 51 per cent.; second examination, 70 per cent.

Case II.—A girl, aged 20 years; dysemia. Time of administration 30 days. First count, 2,630,200 red corpuscles to the c.mm.; second count, 3,970,000 to the c.mm. Hemoglobin; first examination, 40 per cent.; second examination, 60 per cent.

Case III.—A man, aged 25 years; dysemia, following typhoid fever. Time of administration, 30 days. First count, 2,500,200 red corpuscles to the c.mm.; second count, 3,950,000 to the c.mm. Hemoglobin: first examination, 39 per cent.; second examination, 50 per cent.

Case IV.—A woman, aged 39 years; dysemia. Time of administration, 30 days. First count, 2,750,400 red cor. puscles to the c.mm.; second count, 3,500,000 to the c.mm. Hemoglobin: first examination, 35 per cent.; second examination, 60 per cent.

Case V.—A woman aged 35 years; dysemia, following miscarriage. Time of administration, 30 days. First count, 2,800,000 red corpuscles to the c.mm.; second count, 3,300,000 to the c.mm. Hemoglobin: first examination, 33 per cent.; second examination, 45 per cent.

Case VI.—A young girl, aged 17 years; dysemia, following typhoid fever. Time of administration, three weeks. First count, 2,495,270 red corpuscles to the c.mm.; second count, 3,300,200 to the c.mm. Hemoglobin (percentage of normal amount): first examination, 35 per cent.; second examination, 45 per cent.

Case VII.—A young boy, aged 16 years; dysemia, following typhoid fever. Time of administration, three weeks. First count, 3,670,000 red corpuscles to the c.mm.; second count, 4,600,300 to the c.mm. Hemoglobin (percentage of normal amount): first examination, 40 per cent; second examination, 65 per cent.

Case VIII.—A man, aged 30 years; dysemia, following amputation of the leg. Time of administration, three weeks. First count, 2,360,400 red corpuscles to the c.mm.; second count, 3,500,200 to the c.mm. Hemoglobin (percentage of normal amount): first examination, 30 per cent.; second examination, 70 per cent.

Tetanus Cured Apparently by Antitetanic Serum.

Care (*American Med.*, March 28, 1903), in a letter, reports a case of tetanus treated by serum and which he believes was responsible for the recovery of the case, although other precautions were taken, such as cleansing the wound and the administration of a mixture of bromid, gelsemium and hyoscyamus. It was observed that when the serum was withheld the symptoms became worse, and when it was readministered they disappeared. The only untoward effect was a severe attack of urticaria.

Most of the salicylic acid of commerce is made synthetically. Isomerically is it said to be identical with the salicylic acid prepared from oil of wintergreen. Practically, they are as different as any two things can be. The commercial salicylic acid has little therapeutic value. The synthetic acid is irritating, disturbs the stomach and does not give the same good results which first brought the natural salicylic acid and its compounds into notice.

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What if it does benefit the Merrell Company? How does that make it unethical to prescribe a remedy which will do the work in the best way, relieve the patient and make him think well of the doctor? Is there anything unethical in patronizing a manufacturer who has enough confidence in the profession to make pure drugs?—*The Medical Brief*, October, 1903.

THE TREATMENT OF SEVERE BURNS WITH GLYCO THYMOLINE.—Dr. F. M. Robbins, of West Springfield, Mass., cites a case which is of some interest as showing unusually favorable results in a case of burns of the third degree. The patient, a woman of twenty, was severely burned by the explosion of a lamp, which fell from her hands. The burned area extended from the ankles to the abdomen, while smaller areas were burned on the trunk. Dr. Robbins was called in nine days after the accident, being the fourth physician who had been in attendance. The patient was sinking and the prognosis seemed to be death within twenty-four to thirty-six hours. Large sloughs were separating from the calves and from the posterior portions of the thighs. Owing to the pain and lack of sleep, the patient was very much exhausted. All the dressings were immediately removed and the wounds washed with a twenty-five per cent. solution of Glyco-Thymoline and then dressed with a fifty per cent. solution of the same preparation. Within half an hour the patient had dropped into peaceful slumber and was discharged completely cured within a month. For a short time after leaving her bed she was compelled to use crutches, but within a few weeks she recovered complete command of her limbs. One remarkable feature of the case is the complete absence of scars and cicatricial tissue.

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Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Physical Diagnosis of Diseases of the Chest. — Richard Cabot, M. D. Wm. Wood & Co. Price $2.50.

The author of this work announces that it is intended especially for students and that it contains nothing original. However that may be, his skill and discrimination have been brought to bear upon the collection and arrangement of his facts, and have produced a very valuable and lucid text book along the most modern lines. It contains many illustrations and diagrams, and a close study of this book will repay practitioners as well as students.

A Surgical Handbook for the Use of Students, Practitioners, House Surgeons and Dressers—By Francis M. Caird, M. B., F. R. C. S., and Chas. W. Cathcart, M. B., F. R. C. S. W. T. Keener & Co., Chicago. Price, $2.75.

The value of this extremely practical handbook is attested by the fact that it has now reached its 12th edition. It has been thoroughly revised; methods that have fallen into disuse omitted and modern procedures substituted. Those engaged in active surgical work will find it a ready and convenient help, while to students it will prove invaluable.

A Laboratory Guide in Urinalysis and Toxicology.—R. A. Willhaus, A. M., M. D. Wm. Wood & Co., Price, $2.

This Laboratory Manual is too well known to require comment. In its present revised form it will be found more useful and instructive than ever.

Modern Microscopy.—Containing: I. The Microscope and Instructions for its Use, by M. I. Cross. II. Microscopic Objects: How Prepared and Mounted, by Martin J. Cole. III. Microtomes, their Choice and Use. W. T. Keener & Co., Chicago. Price, $1.50.

The subdivisions of the title of the above work speak for the comprehensiveness of this handbook. While it is not an exhaustive treatise it covers the entire field in an eminently practical manner. The novice will find that it affords him reliable information and advice as to the choosing of his microscope and accessories and will direct him in his initial acquaintance with its use. The directions for preparing microscopic objects are written by an expert whose long experience entitles him to speak with authority. They cannot fail to be of the greatest service to the working microscopist.

Diseases of the Skin.—By Malcolm Morris, consulting surgeon to the Skin Department, St. Mary's Hospital, London, etc. New edition. W. T. Keener & Co., Chicago. Price, $2.50.

The new edition of this very valuable and interesting work will be warmly welcomed, the previous editions having been exhausted. It has been thoroughly revised and brought strictly up to date. It is profusely illustrated with plain and colored figures.

Hydrotherapy.—Simon Baruch, M. D., Professor of Hydrotherapy in New York Post Graduate School. Wm. Wood, Publisher. Price, $4.

The second edition of this valuable and comprehensive work is well worth examining. It embraces the entire range of the application of water in diseased conditions and is profusely illustrated so that the method of application is very clear.

The first part of the book is devoted to the physical properties of water and its mode of action in health; the second part to the practice of hydrotherapy, the various methods of applying water are described and the rationale of each procedure is discussed. After the technical details the author proceeds to the practical application of water in acute and chronic diseases. The book gives one an excellent idea of the flexibility of water as a remedial agent.

A Diagnostic Chart of Tumors and Pseudo-Tumors.—Battle & Co. have just issued a complete and unique chart on the above subject, compiled by Dr. Edward C. Hill from standard works on surgery and pathology. The subject matter is divided into solid neoplasma (subdivided into benign and malignant growths) and true and false cysts. The general characteristics of each division are given, and their 24 classes, embracing over 100 varieties, are compared critically in columns under the following headings: Tissue, Topography, Number, Size, Conformation, Color, Consistence, Nobility, Sensibility, Surrounding Tissues, Occurrence, History of Growth, and Miscellaneous Points. Features of special differential value are emphasized by the use of italics. This chart shows almost at a glance for ready comparison all that could be learned in a diagnostic way from the perusal of hundreds of pages of ordinary text. It stands indeed to such books as an atlas does to a gazetteer. This very convenient and valuable compendium is at the command gratis of any and every practitioner of medicine, who will take the trouble of writing a postal card to Battle & Co, 2001 Locust Street, St. Louis.

Atlas of Anatomy for Students and General Practitioners.—By Professor Carl Toldt, M. D., and k.k. Hofrath, Senior Professor of Anatomy in Vienna. Only authorized English translation from the third German edition by M. Eden Paul, M. D. With woodcuts (many in several colors) and Explanatory Text. The explanations are given in the English as well as in the International nomenclature, a circumstance which will recommend the work particularly to teachers and students, published in six parts.

Part I.—A. Regional Anatomy of the Human Body (Figures 1 to 5).

B. Osteology (Figures 6 to 377). With index. Price, bound in cloth, $2.50. Rebman & Co., publishers, 10 W. 23rd St., N. Y.

While many admirable atlases of anatomy exist among English works, an accurate pictorial representation of all the data of human anatomy, carefully drawn to scale from actual specimens and arranged suitably for sys-

tematic study has hitherto been lacking. While a true knowledge of anatomy can be obtained only in the dissecting room this work will prove invaluable both preparatory to dissection and in the revision of anatomy subsequent. An increased use of the visual or graphic method both in the acquirement and review of knowledge is a feature of modern education, but as far as English speaking races are concerned this is the first application to the study of human anatomy. The student can have no better aid than this atlas. Part I. Osteology is a revelation to those accustomed to the meager illustrations found in most anatomies. The other five volumes will soon be ready. The price for the whole series is $18.00. The different parts are entirely independent of one another and are as follows :

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Part V.—F. Vascular System (Figures 933 to 1123). With Index. Price, bound in cloth, $3.75.

Part VI.—G. The Nervous System and the Senses (Figures 1124 to 1505). With Index, $4.75.

The Practical Medicine Series of Year Book, Vol. IX.—Is devoted to Physiology, Pathology, Bacteriology, Anatomy and to a Dictionary of New Words.

This is one of the most interesting of this excellent series of year books. Mosquitoes are given a very important place in the section on general pathology, as interest increases in them each year. Under special pathology the diseases of the blood are perhaps of the most interest. Altogether this book seems to us the most admirable of a very admirable series.

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In a highly interesting article on this subject, Walter M. Fleming, A. M., M. D., of New York City, uses the following language:

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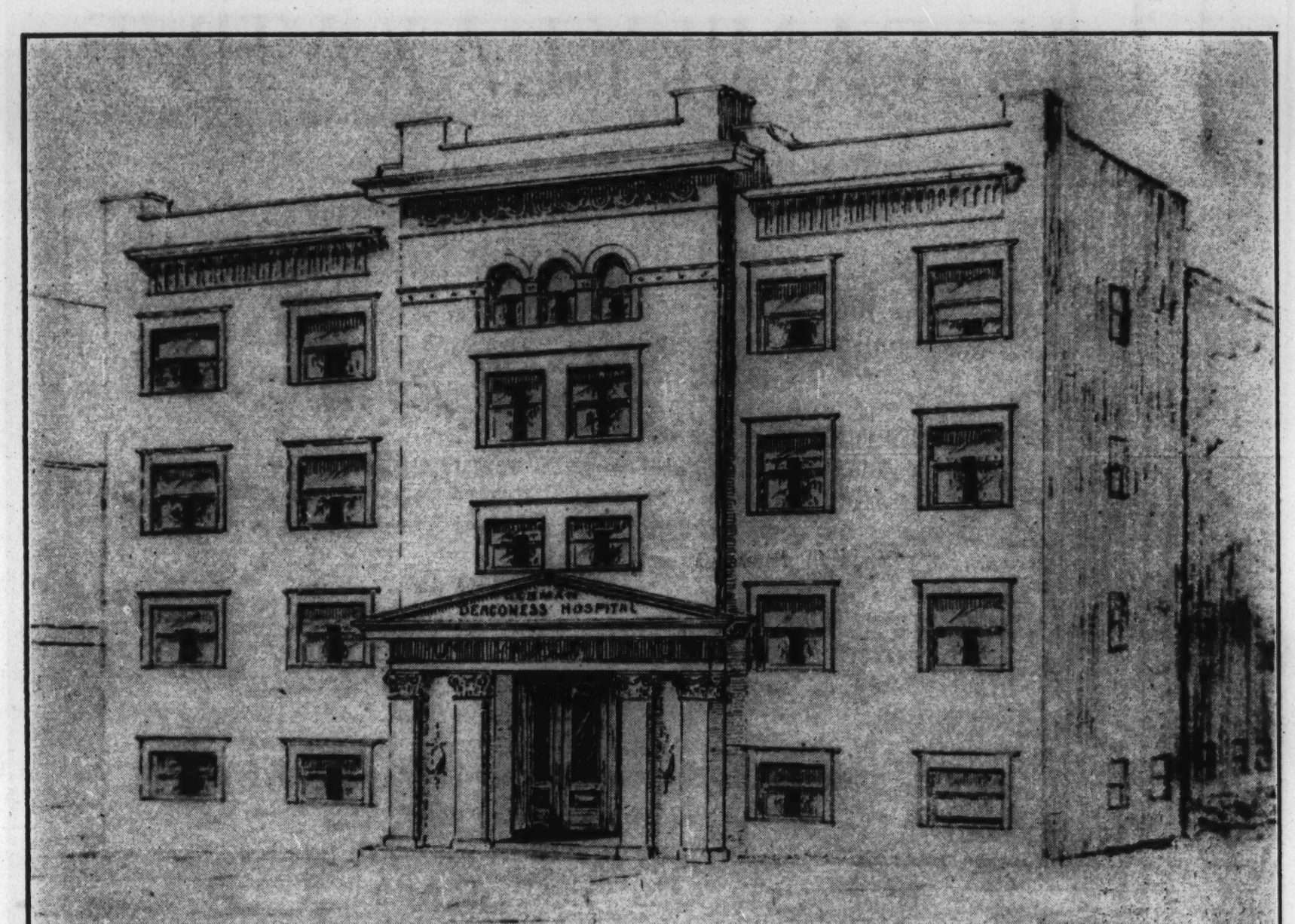

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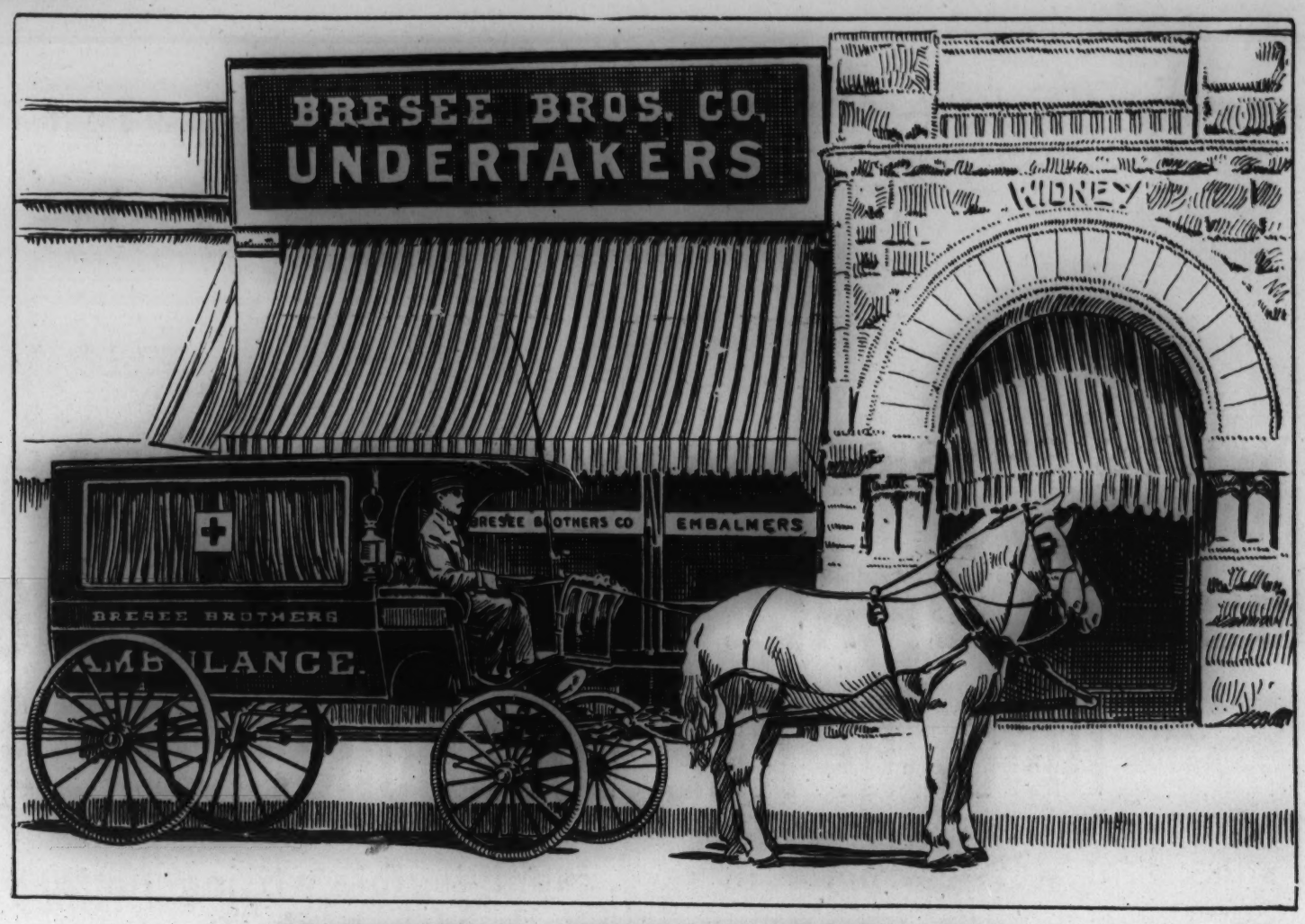

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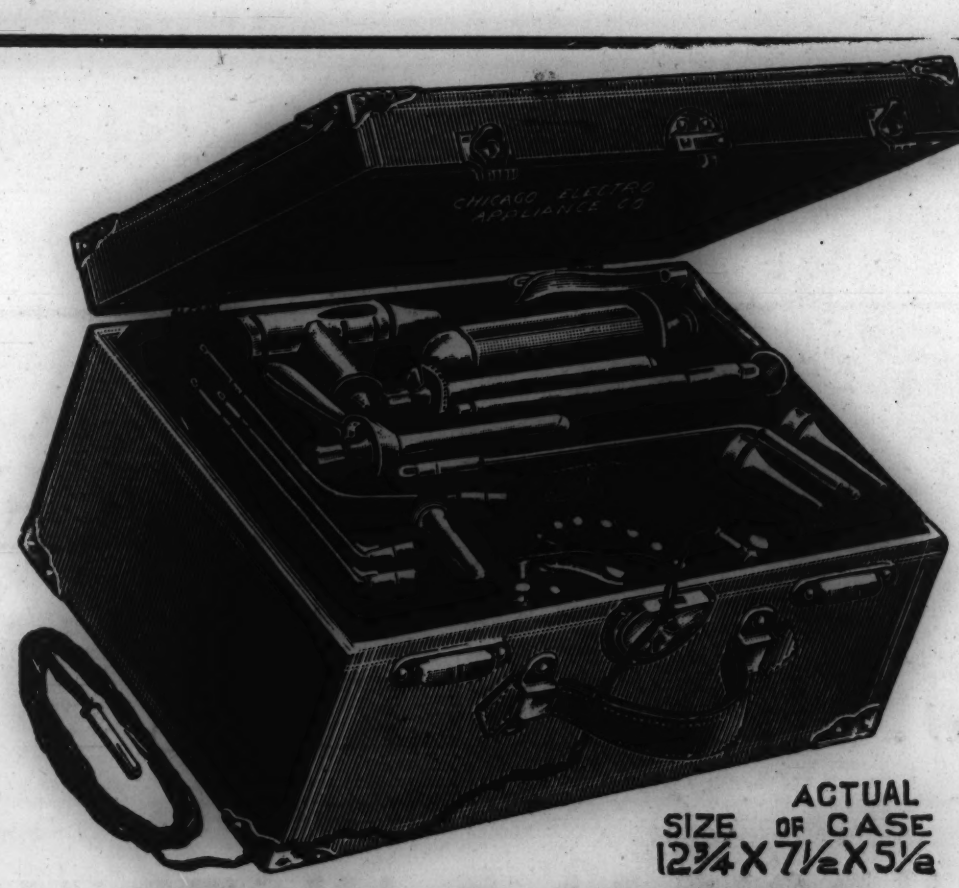

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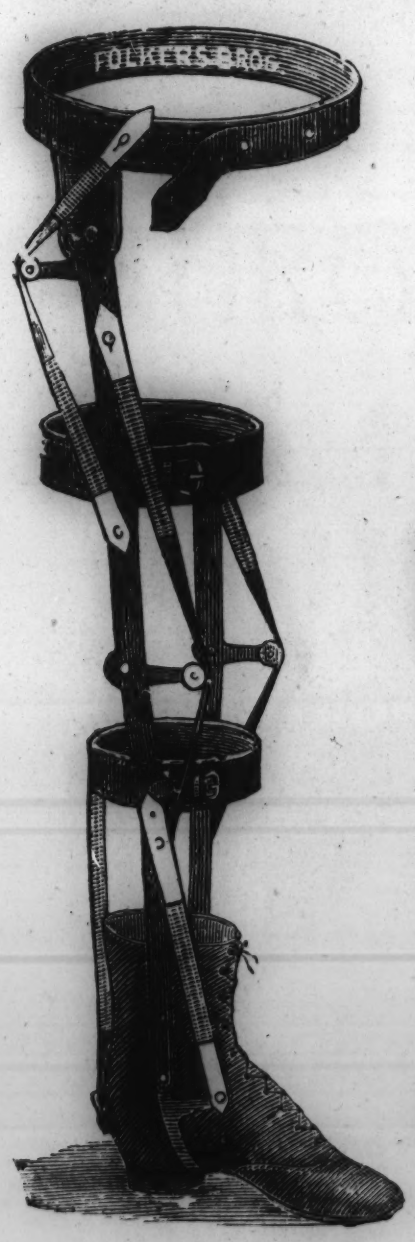

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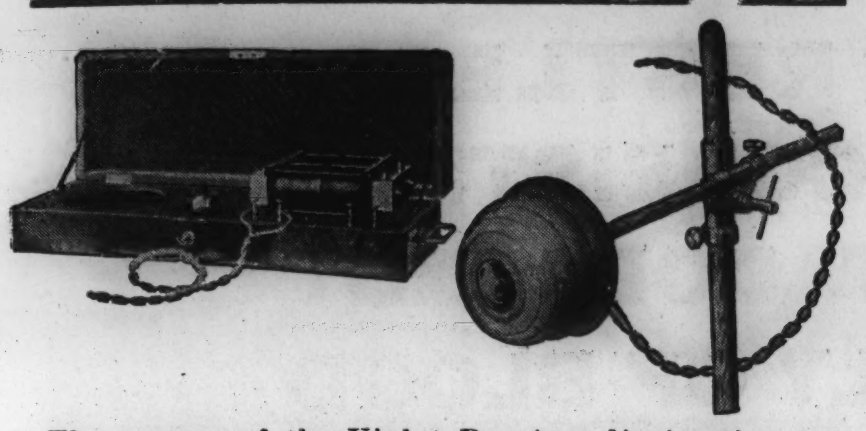

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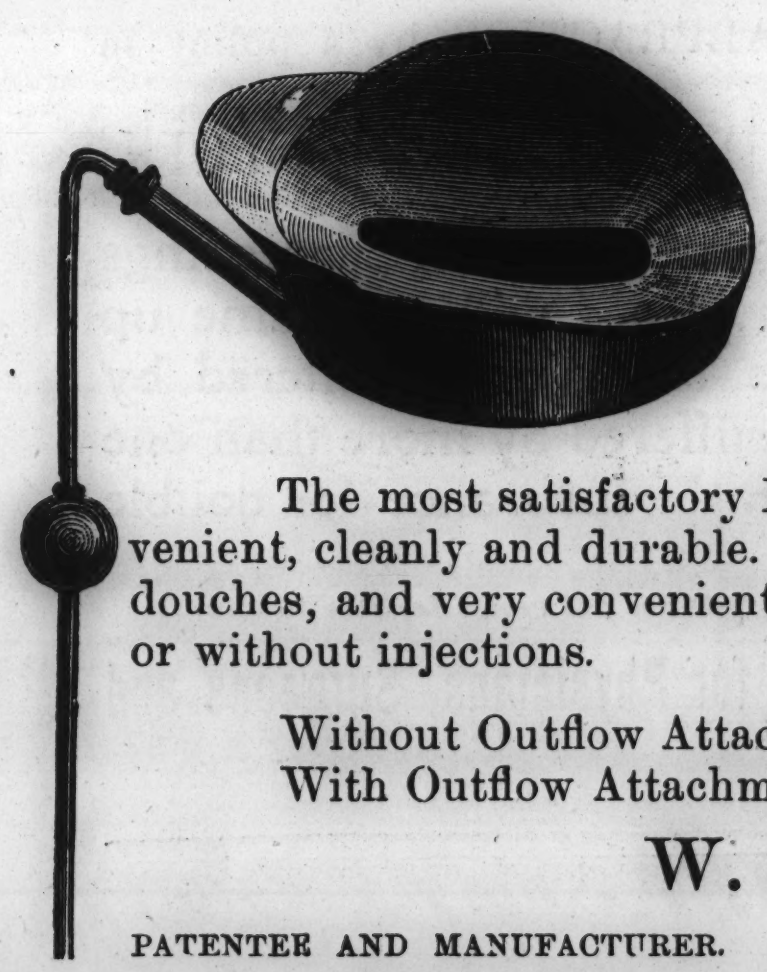

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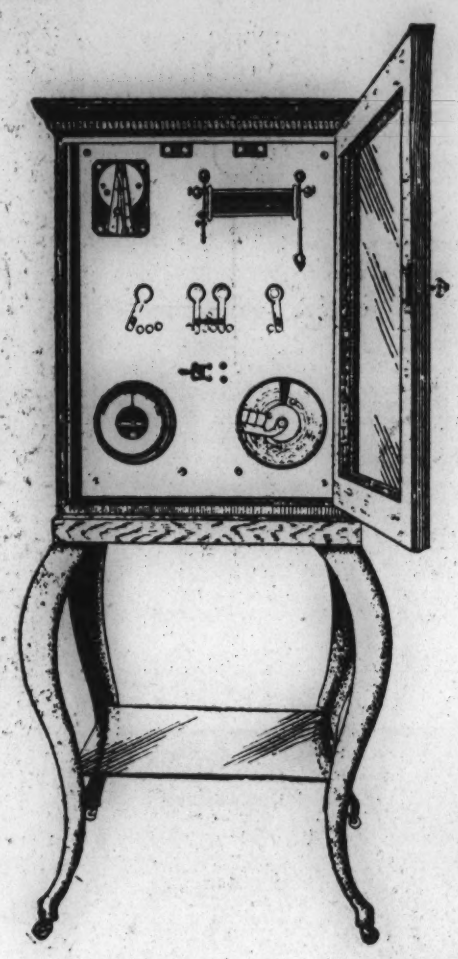

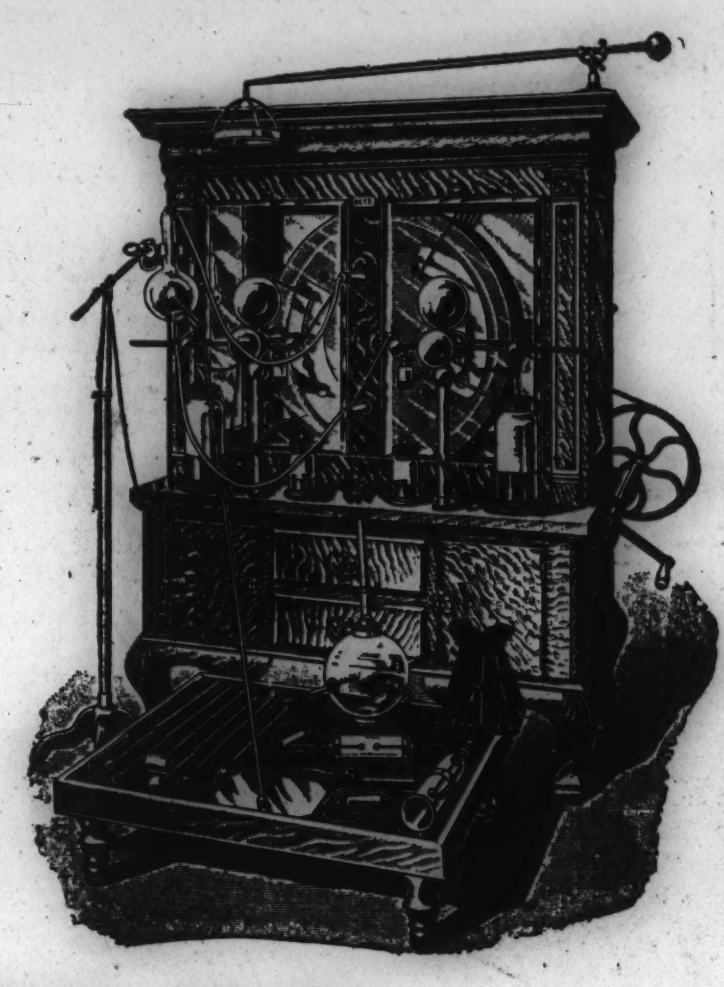

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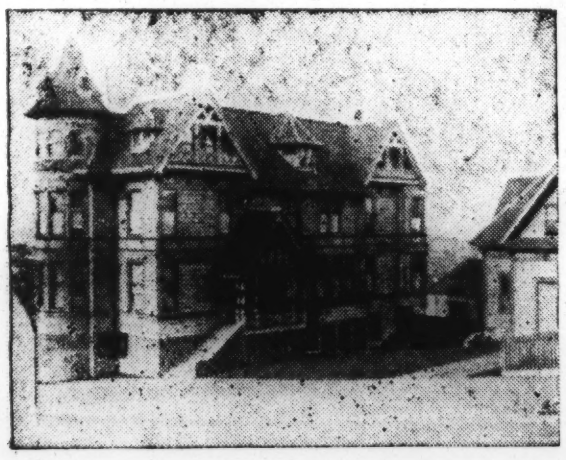

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